

DDI 3112 234962

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

REQUEST FOR CANCELLATION OF CLASS C  
CHARTER CERTIFICATE

Atlantic Coast Limousine, LLC

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2004 - 344 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Donna D. Richardson Telephone: 843-903-2627  
Address: 728 Gazania Lane  
M.B. S.C. 29579  
Other:  
Email: N/A

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input checked="" type="checkbox"/> Request for Cancellation of Certificate   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

## Request for Cancellation of Certificate

<b>File the original with:</b>  <b>Public Service Commission of South Carolina</b> <b>Clerk's Office</b> <b>Motor Carrier Matters</b> <b>P.O. Box 11649</b> <b>Columbia, S.C. 29211</b> <b>(803) 896 - 5100</b> <b>FAX (803) 896-5199</b>	<b>Mail or fax a copy to:</b>  <b>S.C. Office of Regulatory Staff</b> <b>Transportation Department</b> <b>1401 Main Street, Suite 900</b> <b>Columbia, S.C. 29201</b> <b>(803) 737-0578</b> <b>FAX (803) 737-0815</b>
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ⓧ DATE: 1-30-12

Please consider this a request to cancel my:

- ☐ Class C Taxi Certificate
 ☐ Class A Restricted Certificate  
☒ Class C Charter Certificate  
☐ Class C Charter Bus Certificate  
☐ Non-Emergency Certificate  
☐ Class E Household Goods Certificate  
☐ Class E Hazardous Wastes Certificate

My Certificate Number is

7515

ATLANTIC COAST LIMOUSINE LLC

DBA

(Name of Company)

(If applicable)

728 GAZANIA LN

(Street Address)

(Mailing Address if different from Street Address)

MYRTLE BEACH SC 29579

(City, State, Zip Code)

(City, State, Zip Code)

843-903-2657

(Telephone Number)

ⓧ Donna D. Richardson  
(Signature)

ⓧ SOLD was D.F. Richardson deceased  
(Title) Owner, President, etc.

C DUKES SCOTT  
EXECUTIVE DIRECTOR

1441 Main Street, Suite 300  
Columbia, SC 29201



Phone: (803) 737-0800  
Fax: (803) 737-0801

DAN F. ARNETT  
CHIEF OF STAFF

DAWN M. HIPPIE  
DIRECTOR  
TELECOMMUNICATIONS, TRANSPORTATION, WATER/WASTEWATER

RECEIVED  
2012 JAN 31 AM 11:17  
SC PUBLIC SERVICE  
COMMISSION

TO: Class C Certificate Holder

FROM: Carole Chauvin, Transportation Department

DATE: January 25, 2012

SUBJECT: Request to Cancel Certificate

Pursuant to your request to cancel the Class C Charter Certificate of Atlantic Coast Limousine, LLC, enclosed are two forms that must be completed and submitted to the Public Service Commission (PSC).

There is a Transportation Cover Sheet which the PSC requires be submitted with all requests. In addition, there is a Request for Cancellation of Certificate form. Please review the forms carefully and complete all portions that I have not completed (marked by an \* that has been circled). Once the forms have been completed, you may:

1. Fax the forms to the Public Service Commission at 803-896-5199 to the attention of the Clerk's Office; or
2. Mail the forms to the following address:  
Attn: Clerk's Office  
Public Service Commission of S.C.  
P.O. Box 11649  
Columbia, S.C. 29211; or
3. Scan and email the completed forms to [Janice.Schmieding@psc.sc.gov](mailto:Janice.Schmieding@psc.sc.gov) or [tricia.desanty@psc.sc.gov](mailto:tricia.desanty@psc.sc.gov)

You may reach Janice at 803-896-5240, Tricia at 803-896-5125 or either one of them at 803-896-5100. If you have any questions, you may contact me at 803-737-0578.

Enclosures